# OUT-OF-HOME PLACEMENT AND PAYMENT GUIDEBOOK

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# FORMS SECTION SERVICES TO FAMILIES

#### WHEN REUNIFICATION IS THE GOAL

#### PART I

#### SECTION I

#### POLICY

Out-of-home placement is considered to be the most intrusive level of service provided to a family by CPS. All families will have reasonable opportunities to assure the safety of the child within their home. When safety cannot be assured in the home, CPS may determine that an out-of-home placement is necessary.

The parent and worker will immediately develop a case plan of reunification. The plan will include supportive services to work toward reunification.

Except in emergency situations, the placement will involve the child, family and kinship group in the decision, and be culturally sensitive and support the parent and child attachment. Placement is a planned process which allows time for adequate preparation, placement choice and future planning. This provides the worker with the opportunity to convey to the parent that they remain a primary participant in decision making related to her/his child's well-being.

When a determination has been made that the child will be placed out of the home, the Department will consider the placement resources and place the child:

- in the least restrictive, most family-like setting to meet the child's needs;
- closest to the family, to meet the child's best interest and special needs; and
- in a setting that provides for continuity for the child in school, church and other community relationships whenever possible.

#### SECTION II

#### **REASONABLE EFFORTS**

The worker will make reasonable efforts before placement of each child to prevent or eliminate the need for removal. The worker will also make reasonable efforts to make it possible for the child to return home. In emergency situations where it is assessed that the safety of the child precludes preventive services, the worker will document in the case record why services were not provided. No child will be placed until a determination has been made that appropriate available safety services cannot provide for the child to remain in the home.

In the case of a Native American child, active efforts must be made, prior to placement out of the home, to prevent or eliminate the removal, and to make it possible for the child to return home. The active efforts standard places a higher burden of proof on the Department than reasonable efforts. (See Court and Legal Worker Guidebook, Terms and Definitions.)

The worker will document all reasonable and active efforts on the Safety Analysis and Plan.

#### SECTION III

#### LEGAL AUTHORITY TO PLACE

The Department has the legal authority to place a child out of his/her home under one of the following conditions:

- 1. Law enforcement pick-up, see Chapter VIII, Court and Legal Issues, Section I;
- 2. Court order;
- 3. Voluntary placement agreement by parents, see Section XIV of this Guidebook;
- 4. Voluntary relinquishment by parents, see Chapter VIII, Court and Legal Issues, Section IV; and
- 5. Interstate Compact on the Placement of Children, see ICPC Worker's Guidebook.

#### SECTION IV

#### CRITERIA OF OUT-OF-HOME PLACEMENT

#### Assess Need

Consideration of an out-of-home placement and services will be guided by an assessment of the family's level of functioning while considering the child's safety from further maltreatment or harm to self or others. Consideration will be given to the child's physical, emotional and social needs and the family's ability to meet those needs.

#### Decision to Place

In considering the need for out-of-home placement, the worker will:

- If the initial assessment indicates that risk exists the worker will follow the CARF Safety Analysis and Plan; and
- If the safety determination concludes that the child's safety cannot be controlled within the child's home, the worker will consult with support staff regarding an out-of-home placement.

If the safety determination concludes that the child's safety can be controlled within the child's home, the worker will consult with supervisory support staff.

At any time during a case, if the worker suspects the child is at risk and safety can no longer be maintained with the family home, the safety determination process will be followed.

In the case of a status offender or a dependency case, if the safety determination indicates the behavior of the child or parent indicates risk of harm to the child or others, the worker will consult with supervisory staff.

For court-ordered placement, the worker will follow the court order until an adequate assessment is completed. If the Department disagrees with the court ordered placement, the Department should file a Change of Placement Notice. (See Court and Legal Issues Worker's Guidebook.)

#### Reasons to Place

Placement of a child outside his/her home dramatically affects the family system and is an option only after determining that:

- All alternatives to placement have been exhausted; and
- Placement is in the child's best interest; and
- Placement of the child cannot be prevented by removal of the perpetrator; and
- The care of the child falls below the minimum sufficient level of parenting and the child is in imminent danger; and
- Reasonable efforts have been made to prevent or eliminate the need for placement. In the case
  of a Native American Child, active efforts have been made to prevent or eliminate the need for
  placement; and
- The safety of the child precludes in-home safety services.

#### SECTION V

#### GENERAL TASKS AND RESPONSIBILITIES

Placements out of the home or placement changes are planned processes EXCEPT in emergencies. The process will be planned based on the time available and the best interest of the child. When it has been determined that a placement out of the home is required, the worker's main responsibilities are listed below. Each of these responsibilities are described in further detail in the sections that follow or in other Guidebooks as indicated.

- 1. Obtaining information about the child and family;
- 2. Selecting a placement for the child based on the child's needs, and other criteria;
- 3. Sharing information about the child and family with the care provider;
- 4. Preparing the child, parent and care provider for the placement except emergency situations;
- 5. Involving the parent in the placement process as much as possible;
- 6. Advising service providers, schools and others of the planned placement;
- 7. Making the placement;
- 8. Assessing the family dynamics and risks and developing a visitation plan that enhances bonding and family attachments;
- 9. Arranging services for the child and family (See Service Provision Worker's Guidebook);
- 10. Requesting court action, if appropriate (See Court and Legal Worker's Guidebook);
- 11. Preparing a report to the court within 30 days of out-of-home placement for court involved cases. (See Court and Legal Issues Guidebook, Pre-Adjudication Phase.
- 12. Continually re-assessing the child's and family's situation;
- 13. Developing a case plan with the family and regularly reviewing the progress;
- 14. Involving the foster parent in working with the family;
- 15. Returning the child to the parent as soon as safety can be provided by parent;
- 16. Documenting activities, arranging for payment for providers; and
- 17. General case management activities (See Case Management Guidebook).

These responsibilities are described in more detail in the sections that follow and in other Guidebooks as indicated.

#### SECTION VI

#### **OBTAIN INFORMATION ABOUT THE CHILD**

The worker, case aide or other designated person should obtain the following information about the child and family:

- · child's name, race, date and place of birth;
- child's social security number;
- name, race, address, social security number of the child's parent or guardian;
- immunization record;
- medication child is taking;
- known medical or psychological needs and diagnosis of child and parent
- name and address of medical providers and information regarding insurance coverage;
- child's allergies to any food or medication;
- child's daily habits and behaviors, particularly any known or suspected tendencies which could be dangerous or detrimental to the child or both
- services child and family are receiving and have received;
- reason for placement;
- · anticipated length of placement;
- · school attended, grade level, educational needs; and
- placement history (who has child lived with since birth?).

The parent and official records may be good sources of the information. Releases of information may be required by some providers for records.

#### SECTION VII

#### SELECT THE PLACEMENT

#### General Placement Considerations

For children who do not need a treatment service, the worker has the final responsibility in determining the type of placement to be provided. Because each child is different, placement decisions will be individualized. The worker should involve the child and parent in the decision to the extent possible. When appropriate, input from other professionals working with the family should be obtained. The worker will consult with her/his supervisor prior to placement or return home.

If a child needs a treatment service, the worker will refer him/her for services through the Mental Health and Substance Abuse Management Vendor. (There are treatment services which can be provided in the home for children not requiring a placement for safety reasons.) See Nebraska Health Connection Guidebook. The worker and parent are part of the team with the Primary Care Physician, treatment provider, and Mental Health and Substance Abuse Management Vendor.

If the court orders a specific placement, the Department will follow the order issued by the court regarding placement of the child. If the worker determines that the order for placement is inappropriate, he/she will request that the county attorney or guardian ad litem modify the court order or seek legal support. (See Court and Legal Guidebook for details.)

General considerations are that the placement be:

- able to meet the child's needs, including any special needs, in the best interest of the child,
- the least restrictive setting which can meet the child's needs, and
- as close to the biological parent's home as possible so that visits between child and family
  are possible and to maintain the child's ties to extended family, friends, school and
  community.

Other considerations in determining the type of non-treatment focused placement include:

- Following the requirements of the Indian Child Welfare Act of 1978 and Nebraska Indian Child Welfare Act for placement of a Native American child who is adjudicated as abuse, neglect, dependency or status offender (See 390 NAC 7-004);
- Availability of an adult relative who can provide care for the child (see NOTE below);
- The child's educational needs and whenever possible, maintain him/her in the school or school district he/she last attended:
- Placement of siblings together whenever possible and appropriate;
- Other special needs of the child, must be determined on an individual basis and
  must be documented. Special needs which might exist could include but aren't
  limited to the child's religion, racial or cultural identity or health needs. The child's
  adoptive or foster care placement will not be delayed or denied on the basis of race,
  color or national origin if the child or adoptive or foster family;
- The provider's ability to work with biological family;
- Age of provider in relation to age of child;
- Needs of other children placed with the provider;
- The provider's skills in relation to the needs of the child;
- Access to appropriate community resources;
- The religion of the child and provider.

NOTE: Under federal statute enacted in 1996 (Multi-Ethnic Placement Act), Congress clarified its intent to completely eliminate delays in placement where they were in any way avoidable. Race, culture, or ethnicity may not be used as the BASIS for any denial of placement, nor may such factors be used as a reason to delay any foster or adoptive placement. It is inappropriate to routinely consider race and ethnicity as part of the placement process. Because "best interest of the child" remains the operative standard for providing services to a child, race can be considered. However, any decision to consider the use of race as a necessary element of a placement decision must be based on concerns arising out of the circumstances of the individual case. Such a decision must be carefully and thoroughly documented in the child's case file.

NOTE: In considering out-of-home placement, the requirements of the Multi-Ethnic Placement Act must be followed. Race, color, or national origin may not be the basis for (1) denying or delaying placement of a child for adoption or into foster care; or (2) denying any person the opportunity to become an adoptive or foster parent.

#### II. Emergency Shelter Care

When a child needs a short-term or emergency placement, she/he may be placed in emergency shelter care. Emergency shelter care provides temporary 24 hour physical care and supervision in crisis situations and for short-term situations when an initial placement is needed. It does not apply to a placement change of a ward already in out-of-home care. This care may be provided in a home setting or a group-type setting. This is a time to learn about the child and family, assess the situation and develop a tentative plan for the future.

The maximum continuous days of emergency shelter care a child may receive is 30. At the end of 30 days, the child may remain in the placement but the payment is based on the Foster Care Payment Determination and the placement status will be changed to a longer term placement type such as foster home or group home. A tentative plan for the child's future, either return home or out-of-home care for longer that 30 days should be developed during this time.

NOTE: In deciding whether to leave a child in the placement or move him/her, the worker should consider whether the bed is for emergency care or regular foster care.

When a child has been placed in the custody of the Department on the basis of a law enforcement pickup and no detention order has been entered emergency shelter care must not exceed 48 hours including non-judicial days. See 390 NAC 8-001.

#### III. Determination of Level of Care or Type of Placement

A. Factors to consider in determining the level of care or type of placement.

The worker will consider the following in determining the level of care or type of placement:

- child's individualized treatment needs, based on the treating professional's assessment;
- child's behaviors:
- child's and family's desire and willingness to cooperate;
- child's age, both chronological and developmentally;
- child's educational needs;
- placement of siblings together;

- placement history, including why placements were successful or unsuccessful;
   and
- services and assistance needed by providers for a successful placement.

#### B. Prioritization of Level of Care

The child should be placed in the least restrictive level of care based on her/his needs. The child does not have to proceed through the levels of care but should initially be placed in a setting which will be most appropriate to meet the child's needs. The worker should consider the child's level of care and type of placement.

The provider's ability to serve the biological families of the children in their care should be considered in deciding on placement. The family should be involved in decision-making as members of the team. The provider's role is to provide services to achieve the child's permanency goal and goals of the case plan in cooperation with the Department worker.

The priority for level of care from least to most restrictive is as follows:

- 1. Non-custodial Parent,
- 2. Relative (licensed or unlicensed),
- 3. Family Known to the Child or Parent,
- 4. Licensed Foster Home Supported by HHS.
- 5. Agency Based Foster Home,
- 6. Treatment Foster Home,
- 7. Group Home Setting,
- 8. Treatment Group Home, and
- 9. Residential Treatment Center.

#### Non-custodial Parent

Before a child is placed in out-of-home care, full consideration should be given to placement with the non-custodial parent who had custody prior to the removal from the custodial parent. The following issues will be considered:

- a. Placement with non-custodial parent will not hinder reunification with custodial parent,
- b. The child does not object,
- c. The child's attachment to the non-custodial parent, and
- d. There is no history of abuse or neglect by the non-custodial parent.

In all instances, when a child is placed or likely to be placed out of the home, the worker will make reasonable efforts to notify the non-custodial parent and consult with him/her regarding his/her ability and willingness to care for the child and available resources and services. The reasonable efforts will be documented in the case file. The non-custodial parent should be notified before placement whenever possible. The worker will work with the non-custodial on the goals of the case plan as appropriate. If the parent lives in another area, a worker will be assigned.

#### 2. Relative (licensed or unlicensed)

When placement with a non-custodial parent is not appropriate, relatives will be considered. Factors to consider in selecting a relative placement include but are not limited to:

- proximity to parent,
- quality of relationship between relative and parent and child,
- experience relative has in raising his/her own child,
- preference of child and of parent, and
- willingness and ability to work with the parent and Department toward goals of case plan.

The relative will need to complete the approval process or be licensed. (See 390 NAC 7-004 for Approval of Unlicensed Homes.)

For placement of Native American Children see 390 NAC 7-004, Special Considerations for Native American Children.

#### 3. Family Known to the Child or Parent

If a relative is unavailable, a family known to the child or parent before out-of-home placement should be considered. The criteria for relatives listed above applies to these families. The family will need to be approved or licensed. (See 390 NAC 7-004.)

#### 4. Licensed Foster Home (Supported by HHS)

If a relative or family friend are not available, a licensed foster home recruited, trained and supported by HHS should be considered. Factors to consider in selecting a foster home include:

Proximity to the child's family, sensitivity to the culture characteristics of child and provider, religion, needs of other children in foster home, foster parent's skills, foster parent's ability to work with biological parent, service in the community.

Supportive services may be offered to a foster parent to maintain a placement. These supports include: respite care, support group, Foster Parent Assistance Program, family support provider, visiting nurses or a mentor or volunteer to work with child one-on-one or community services such as YMCA, Boy Scouts or Girl Scouts. (These supports can also be provided to approved foster homes and relative providers.)

#### Agency Based Foster Care

HHS purchases Agency Based Foster Care from agencies through a contract. The agency recruits, trains and supports foster families. The foster parents receive such supportive services as ongoing training and respite care. Foster parents or agency staff are available at all times. The focus of this foster care is not treatment but the child may participate in individual, family or group outpatient therapy. (This is not included in the rate and would be paid through Medicaid or Medicaid Managed Care.) The agency recruits, trains, and supports the foster parents. Usually these homes only have one or two children.

#### 6. Treatment Foster Care

This is a treatment focused service and requires a determination of medical necessity by a licensed mental health professional. It is only accessed through the

Medicaid Managed Care system or Medicaid Fee For Service. (See Nebraska Health Connection Guidebook.)

#### 7. Group Home

When an agency-based foster home is not available, a group home should be considered. This type of program does not offer direct treatment but may purchase treatment. The factors to consider for a group home include:

- child's behavior cannot be maintained in a less structured environment;
- child needs more structure and supervision than can be provided by a family, even when other services have been made available;
- child cannot tolerate or does not need the kind of emotional closeness provided by a family;
- the child's age, usually 12 or older;
- a younger child needs to be placed with an older sibling who needs group care.

#### 8. Treatment Group Home

Treatment group homes are non-hospital based treatment services that are community-based and family-centered. This care requires a determination of medical necessity by a licensed mental health practitioner and is only accessed through Medicaid Managed Care or Medicaid Fee for Service. (See Nebraska Health Connection Guidebook.)

#### Residential Treatment Center

This level of care is treatment-focused and highly structured. This care requires a determination of medical necessity by a licensed mental health practitioner and is only accessed through Medicaid Managed Care or Medicaid Fee for Service. (See Nebraska Health Connection Guidebook.)

#### C. HHS Guideline Criteria For Use of Services

HHS staff will utilize the Guideline Criteria for the use of the following out-of-home care services for which HHS has contracts:

- Emergency Shelter Care Services,
- Agency based Foster Care Services,
- Group Home Care,
- · Group Home II Care, and
- Respite Care Services.

The Guideline Criteria for the use of these services is in the appendix to this Guidebook. HHS Guideline Criteria for the use of services will also be used for the following non-placement services for which HHS has contracts:

- Family Support Services.
- Intensive Family Preservation Services,
- Visitation Supervision Services,
- Reporting Center,
- Tracker, and
- Electronic Monitoring.

The Guideline Criteria for the use of these services are in the Service Provision Guidebook Appendix.

#### IV. Restrictive Settings

#### A. Placement in Locked Facilities

A youth must be moved out of a locked facility when her/his behavior no longer requires such a setting or when there is an alternative placement.

NOTE: Neb. Rev. Stat. 43-255, requires that if a juvenile is temporarily detained by law enforcement in a locked facility she/he must be released with in 24 hours (excluding non-judicial days) unless the court orders continued detention.

#### 1. Youth Rehabilitation and Treatment Centers

The YRTC can only be used by HHS staff when the following conditions are met:

- 1. The youth is between 12 and 18 years of age. (Commitment may occur after age 18 if offense occurred before the youth's 18th birthday), and
- 2. The youth is adjudicated as a juvenile offender and committed to the custody of HHS-OJS, or
- 3. The youth is referred by court order for a residential evaluation at a YRTC, or
- 4. The youth who is a ward of HHS-OJS is detained for safe-keeping before the hearing process for juvenile offenders, or
- 5. The youth who is a ward of HHS-OJS has his/her parole revoked.

The court may order a youth to the YRTC under the following conditions:

- For youth with adjudication of delinquency evaluation between ages of 12 and 18 years of age,
- For safekeeping pending further action.

Youth who are adjudicated as status offenders or abused, neglected or dependent won't be placed at YRTC facilities for "safekeeping".

#### 2. Jails and Locked Detention Facilities Policy at 390 NAC 7-004.04B:

"Under Nebraska statute, youth may be detained in a locked facility pending an adjudication only through a law enforcement officer or by court order."

Payment for County Detention Centers and Jails

HHS-OJS will pay for the detention of a youth in a county detention center or jail only in the following conditions:

- a youth is picked up by law enforcement because of a Apprehension and Temporary Detention request by HHS-OJS; and
- if law enforcement picks up a juvenile offender on a new allegation of criminal behavior and the HHS-OJS Juvenile Services Officer consents to the detention or requests such detention.

If a juvenile offender is arrested for committing a new crime, law enforcement is responsible for deciding whether to detain the youth. If law enforcement chooses to detain the youth, the law enforcement agency is responsible for payment.

Based on the Nebraska Court of Appeals decision in the David C. case, juvenile courts cannot order a juvenile offender in the custody of HHS-OJS into a detention facility over the objections of HHS-OJS.

#### 3. Inpatient Psychiatric Hospitalization

In some situations, children with mental health needs may require hospitalization for psychiatric treatment, evaluation or observation. The decision to hospitalize a child is made by a psychiatrist. This is not considered to be a placement.

#### 4. Out-of-State Placements

The consideration of the use of an out-of-state placement is a mandatory consultation point between the worker, supervisor and Medicaid Managed Care vendor, and treatment providers.

An out-of-state placement will be considered when:

- There is no appropriate placement available in Nebraska to meet the child's identified needs and there is one identified in another state; or
- The closest appropriate resource is out of state and the family will be involved in the child's treatment. (390 NAC 7-004.04C)

The worker or supervisor will contact the state in which the facility is located in determining the appropriateness of placement for a child. The information gathered from the other state will include but not be limited to:

- the licensing status of the provider,
- whether the other state places children in the provider,
- types of children the provider is successful with,
- rate paid by the other state,
- any assessments or investigation of the provider, and
- education rate (rate is established by the Nebraska Department of Education).

#### V. Team Problem Solving

If a worker is not able to locate a placement to meet the child's needs, the worker or support staff may activate a team to locate or develop a specific placement or to overcome system barriers. This team may consist of local office staff, staff from other districts or central office or community professionals based on the needs of the case and the mental health and substance abuse management vendor when treatment services are needed.

The Mental Health and Substance Abuse Management Network will provide an array of services along a continuum of care for children. They are available for consultation and assistance as needed.

#### SECTION VIII

#### PLACEMENT PREPARATION

Placement of a child out of her/his home is a planned process involving the parent, child and care provider with the worker. The worker will work with and prepare the child, parent and care provider. Preparation should occur in all situations except emergencies under which the Department has the legal authority to place. The preparation issues for the parent, child and care provider are described in this section.

#### 1. Working with and Preparing the Parent

The parent should be involved in selecting the type of provider whenever possible. The worker should ask the biological parents what he/she would like to see for his/her child. The parent is most familiar with the child's needs and daily routine and has valuable information to share.

In all out-of-home placement situations, whether planned or unplanned, the worker will discuss, as close as possible to the placement, the following information with the parent:

- Clear explanation of why the child must be placed out of the home;
- Expected length of placement;
- Parent's feelings regarding the placement, encouraging healthy expressions of grief and anger;
- Parent's fears and questions;
- Ongoing parental responsibilities and rights;
- Expectation of relationship between parent and foster family or provider and the child and foster family or provider.
- Type of foster family or provider;
- The need to share information with the foster family or provider, including information about the family of origin, child, and reason for placement;
- The parent's responsibilities in helping prepare child for placement;
- The need for medical history. The worker may request that the parent sign a release of information, or obtain medical records; and
- · Visitation responsibilities.

After the foster family or facility has accepted the child, the worker will discuss with the parent:

- A description of the foster family or facility;
- Names and address of foster family or facility unless there is a specific indication that the parent presents a risk to the child or care provider;
- The clothing and personal items the child will take:
- Pre-placement visit date(s) and arrangements.

NOTE: In emergency situations, the worker will discuss all but the last item above with the parent.

NOTE: In order to facilitate the permanency plan for the child in out-of-home placement, the biological and foster families will be given one another's names, address and phone numbers except in rare exceptions where doing so might jeopardize the child's or foster family's safety.

#### 2. Preparing the Child

The worker will prepare the child for placement using age and ability appropriate language including discussion of the following:

- Reasons for placement;
- Child's feelings regarding the placement, including placement preferences and encouraging healthy expressions of grief or anger;
- Visitation plan with parents and siblings;
- Expected length of placement;
- Expectations regarding the child's relationships with the foster family or provider and parent's relationship with the foster family or provider;
- Expectations regarding maintaining ties to significant others;
- Child's fears and questions;
- Clothing and items the child will take along, including pictures and favorite toy;

NOTE: If the placement is not pre-planned, the worker will discuss the issues above with the child at the time of placement or as close to placement as possible.

After the foster family or facility is arranged the worker should provide the child with a description of the foster family or facility and provide anticipated dates of pre-placement visits and placement.

#### 3. Preparing the Care Provider

The care provider is an important member of the team working with the child and family. It is important for the potential care provider to have current information and past history about the child, the child's needs and the care provider's role with the family. There are times when little information is available at the time of placement. If so, the worker will advise the care provider of the known information and indicate that it is the extent of the facts at that time. The worker will provide information to the care provider as it becomes available. The worker will document the information shared with the care provider in the child's case file.

#### Initial Information to Potential Care Provider

The worker initially presents information to the potential care provider to assist them in making an informed decision regarding acceptance of the particular child. The initial information to be shared and discussed with the potential care provider includes the following:

- Strengths, needs and behaviors of child, including known health problems (physical and emotional);
- Circumstances which have necessitated involvement with the Department and placement, including information regarding abuse or neglect of the child and perpetration by the child;
- Information about the child's family and her/his relationship to the family which may affect the placement;
- Relevant medical history, including current treatment;
- Important life experiences and relationships which may affect the child's feelings, behavior, attitudes or adjustment in placement;
- Educational history including present grade placement and special strengths and weaknesses;
- Special care needs, such as a physical environment or extra supervision;
- Services the child is likely to need or is receiving;
- Anticipated length of stay;
- Anticipated family visitation arrangements;

- Anticipated contacts with significant others; and
- Expectations regarding provider's work with family and child.

See "Questions to ask..." from Foster Parent Handbook page 1, Forms Section of this Guidebook.

After the care provider has decided to accept the placement of the child, the previously listed information will be shared in greater detail to help the care provider:

- anticipate problems which might occur during the placement,
- meet the child's needs in a consistent and constructive manner; and
- assist the family and child in reaching the established case plan and goal.

See "Questions to Ask ..." from Foster Parent Handbook, Forms Section of this Guidebook.

#### 4. Preplacement Visit

The worker will arrange a pre-placement visit between the child and proposed care provider. The parent and siblings should be involved whenever possible to reduce their fears and begin to build a relationship with the care provider.

#### 5. Other Providers

If the child has special needs which require services from other providers, the worker will involve them to the extent possible in the placement plan. Other providers might include therapist, family support provider, Parent Aide, Family Support Provider, and other Department staff such as Income Maintenance Workers and Disability Specialists.

If the child will be placed in a school district other than the one she/he is attending, the school officials should be involved before placement. If the child is verified for Special Education, the school officials will need to develop a plan to meet her/his needs.

#### 6. Group Homes and Child Caring Agencies

The information listed previously in Preparing the Care Provider is relevant for group homes and child caring agencies. A common application for all Nebraska group homes, child caring agencies, and emergency shelters will be completed and sent to the provider for a referral. The application is made up of two parts: the "Referral Form" and a "Placement Packet". See Common Application, DSS-200 in Forms Section of this Guidebook.

It is important that group homes and child caring agencies work with the family toward the goal of reunification as identified by the case worker. Their willingness to work with the family, include them in the treatment goal and support family visitation should be discussed prior to placement.

#### RESOURCE FILE

A list of licensed group homes and child caring agencies, emergency shelters and therapeutic foster care contracts in Nebraska and outside of Nebraska is on the Nebraska Resource Referral System which is accessed on the computer. This system provides the name, address and phone number, date last reviewed by the Department, counties served, ages served, cost, description of services, eligibility criteria for the facilities.

#### Access to Resource Referral System

1. Access Nebraska Resource Referral System by:

Type LVM DSSXXXX (ID assigned to non-profs users or profs number for profs users).

Press ENTER.

- 2. Type 1 for Resource Inquiry and press ENTER:
- 3. The main menu will appear. The Service Category for group homes is 75 and press ENTER.
- 4. Group homes or facilities are 50 so type 50 and press ENTER.
- 5. A screen appears which has the option of targeting certain locations or for a statewide search. If a statewide search is needed, type 99 and press ENTER. For a search of out of state resources, type 94. Press ENTER.
- 6. Age is the next choice to make. Type in the appropriate response as noted on the screen. Press ENTER.
- 7. A description of the search requested is on the screen. Corrections can be made. Follow instructions on screen and press ENTER.
- 8. The Resource Listing for Group Homes appears. Follow instructions on screen for information.

#### SECTION IX

#### **EMERGENCY SITUATIONS**

There are times when the child's safety is at risk and planning for a placement is not possible. In these situations, the worker will provide the parent, child and care provider with as much information as possible at the time of placement and follow-up with additional information.

It is the policy of the Department to "share information on an ongoing basis with the care provider regarding the child's behavior, history, specific needs, risks, case plan, etc." (390 NAC 7-001.02A).

The Department does not have knowledge of everything that has happened to a child or of every behavior of a child. This is especially true in emergency situations. However, it is critical that the Department share the information we do have and the fact that background and current information have been shared with the emergency care provider. If the Department knows or suspects a child has any behaviors or tendencies which could be dangerous or detrimental to the child or others, that information must be shared with the care provider. This includes but is not limited to information about potentially dangerous behaviors such as sexual acting out or molestation, suicidal tendencies or violence, or a background of such.

See page 19 in this Out-of-Home Placement and Payment Guidebook for the mechanisms to use to share and document information with emergency caregivers.

#### SECTION X

## NOTIFICATION OF PLACEMENT CHANGE FOR CHILDREN ADJUDICATED AS CAN, DEPENDENCY OR STATUS OFFENDER

The following will be notified of the planned placement change in writing seven days in ADVANCE:

- the parent,
- parent's attorney (if court is involved),
- guardian ad litem (if court is involved),
- judge and county attorney (if court is involved),
- tribal authority, if applicable.

When advance notice is not possible, notice must be sent to all parties the next working day.

In addition to these parties the following will be notified of the planned placement:

- service providers, such as family support provider, therapist, transportation provider;
- school district officials where child will be placed and where child attended prior to placement, if different;
- foster parents or providers for the child's siblings, if applicable;
- other professionals involved with family or child.

#### NOTIFICATION OF PLACEMENT CHANGE FOR JUVENILE OFFENDERS

For Juvenile Offenders committed to HHS-OJS at disposition, for a level of placement (treatment) other than the YRTC:

a. The move of such juvenile offenders to a more restrictive setting is subject to court approval. The court and involved parties must be notified in writing 5 days in advance of an anticipated placement change and a court hearing must be held before the placement change is made. The involved parties include: the juvenile, the judge, county attorney, guardian ad litem, parent, parent's attorney- if involved and the youth's attorney- if involved.

The Department has the authority to make an immediate temporary change without prior approval of the committing court ONLY if the juvenile offender is:

- in a harmful or dangerous situation,
- suffering a medical situation,
- exhibiting behavior which warrants temporary removal, or
- placed in a non-state-owned facility and such facility has requested that the juvenile has been removed.

Approval of the committing court will be sought within 15 days of making an immediate temporary change if the youth is to remain at the temporary setting or if the youth will be moved to a more restrictive setting than the previous setting. For example, a youth is placed at home and his behavior warrants temporary removal so he is placed in an emergency shelter. If the youth remains at the shelter or the plan is to move the youth to a foster home, the approval of the court will be sought.

See 390 NAC 8-001.10 Disposition, for policy on "levels of treatment" for Juvenile Offenders.

b. The juvenile offender <u>may</u> be moved to a placement within the same category or to a less restrictive setting <u>without</u> a court hearing. Written notice must be given to the court and the involved parties, as listed above, 15 days before the proposed change. The youth may request an administrative hearing within 15 days of the notice. (See 390 NAC 8-000 and the Court and Legal Guidebook for Juvenile Offenders for details.)

#### SECTION XI

#### PLACEMENT ACTIVITIES

At the time of placement, the worker will:

- Accompany the child and sometimes the parent to the provider;
- Answer questions of child, parent, and provider;
- Give the child, parent and provider his/her name and telephone number;
- Discuss emergency instructions and how to obtain regular medical care;
- If this is child's first out-of-home placement, explain to provider the need for a medical exam within two weeks. Provide name of child's physician if known;
- Confirm arrangements for visitation and contacts between child and parent and siblings or significant others;
- Provide the Child's Health Record;
- Sign placement agreement and give copies to parent and provider;
- Discuss transportation needs for the child;
- Discuss possible respite and child care needs;
- Discuss school and arrangements for child's school records, if child changed schools;
- Share background and current information regarding the child's behaviors and needs with the care provider.
- Complete FCPAY Payment Determination Checklist (DSS0881) based on information available at the time;
- Complete the Statement of Disclosure (DSS0882) with the foster parent(s) or the Statement of Disclosure for Licensed Child Placing Agency (DSS-0882A) for Agency Based Foster Care or Treatment Foster Care.
- Provide copy of the FCPAY Determination Checklist and Statement of Disclosure with the foster parent(s) or agency supervising the placement.
- File copy of the FCPAY Determination Checklist and Statement of Disclosure in the case record.
- Request the provider to complete the Child's Clothing Inventory.

#### INFORMATION FOR SCHOOLS

#### Admission to School

Whenever possible, it is best to contact the receiving school before enrolling a student. If this is not possible, HHS should sign a release of information so the school can obtain records from the previous school.

The school districts will need the following to enroll a child:

- A birth certificate or other reliable proof of a student's identity and age within 30 days of the student's arrival;
- Immunization records or an affidavit the immunization were given within 30 days of the student's arrival.

If a student has received special services at a previous school, the HHS staff or foster parent should advise the school district. This includes information about:

- Special education verification and services;
- Multi-disciplinary team meeting;
- Resource room services provided; and

English a as Second Language classes.

#### Information for Schools

The worker will need to specifically request special education and resource room records for a child who is receiving these services at the school they are moving from. At the least, the worker should tell the receiving school district if the child was in special education or received resource room services.

#### INFORMATION SHARING WITH FOSTER PARENTS

It is the policy of the Department to "share information on an ongoing basis with the care provider regarding the child's behavior, history, specific needs, risks, case plan, etc." (390 NAC 7-001.02A) Sharing information with foster parents is the right thing to do in our partnership with foster parents and foster care providers.

It is critical that the Department document the fact that background and current information is shared with the foster parents. The Department does not have knowledge of everything that has happened to a child or of every behavior of a child. If the Department knows or suspects a child has any behaviors or tendencies which could be dangerous or detrimental to the child or a foster or adoptive family member or others, that information must be shared with the foster parent(s). This includes but is not limited to information about potentially dangerous behaviors such as sexual acting out or molestation, suicidal tendencies or violence, or a background of such.

The Foster Care Payment Determination Checklist (DSS0881) and the Statement of Disclosure form (DSS0882) and Statement of Disclosure for Licensed Placing Agency (DSS-0882A) are the mechanisms to use to discuss the child's behaviors and needs and to document the fact that the information was shared.

The Foster Care Payment Determination Checklist indicates the needs and behaviors of a child in order to determine the foster care payment for the child. Completion of the Checklist enhances a discussion of behaviors because it is to be done by the Department case manager and the foster parent(s).

The Statement of Disclosure form (DSS-0882) provides a solid record that information from the Checklist was shared with the foster parent(s) and ensures mutual accountability. This form is to be signed by the foster parent(s) and the Department staff sharing the information with the foster parent(s).

The Statement of Disclosure for Licensed Child Placing Agency (DSS-0882A) is to be used for Agency Based Foster Care and Treatment Foster Care. This form documents three things:

- HHS shared information with an agency representative,
- The agency representative agrees to share information with the foster parent, and
- The agency representative did share the information and the foster parent received it.

This form is to be used with the Foster Care Payment Determination Checklist at the time HHS refers a child to a licensed child placing agency. The form is signed by the HHS representative and agency representative at the time of referral. The agency representative then shares the information with the foster parent who will provide care and supervision. The agency representative and the agency foster parent both sign the form indicating the information was shared.

Statement of Disclosure (DSS-0882 and DSS-0882A) and FCPAY Determination Checklist (DSS-0881) are to be completed and signed by the foster parent(s) and the Department worker sharing the information whenever:

- \* A child is placed in a foster care home, initial placements and all placement changes;
- \* A child is placed in a pre-adoptive home;
- \* Every six months after placement in a foster home;
- \* The foster parent requests to complete the FCPAY Checklist;
- \* The Department learns information about a child's behaviors and needs, especially potentially dangerous behaviors or background events;
- \* The foster parent(s) learns information about a child's behaviors and needs.

The DSS-0882 and FCPAY checklist should be stapled together and filed in the case record. A copy of both should be shared with the foster parent(s).

After sharing information with the Child Placing Agency, the HHS representative will sign and send the DSS-0882A to the agency. The agency should sign Section 1 and return the goldenrod copy to the HHS representative. This documents the information sharing with the agency. When the agency shares the information with the foster parent and both the foster parent and agency representative have signed it, the foster parent receives the pink copy, the agency receives the yellow copy. The agency sends the white copy to the HHS case manager for filing in the case record with the checklist.

#### SECTION XII

#### **ACTIVITIES AFTER PLACEMENT**

Following the placement of a child in out-of-home care, the worker's activities are to:

- plan and arrange visitations as soon as possible after placement,
- assess the need for services and arrange them with the family,
- plan for the return of the child,
- plan for a permanent placement if the child will not be returning,
- gather information from providers,
- complete the Foster Care Payment Determination Checklist and the Statement of Disclosure Form (DSS0882) with the foster parent as information is learned and shared about the child's behaviors and needs. File both in case record and provide a copy to foster parent(s).
- support the child, parent and provider.
- share information learned in the course of the case about the child's behaviors and needs with the foster parent(s) and other caregivers.

#### 1. Visitation and Contacts

If the possibility exists for returning the child to the parents, arrangements will be made as soon as possible to maintain frequent contact between the parent and child. Visitation is critical to reunification and can reduce the time in out-of-home care. The parent's and provider's schedule should be accommodated in a visit schedule. The child's needs should be considered in arranging visits.

The visitation plan should enhance bonding and family attachments through the use of the least restrictive level of visitation capable of protecting the child physically and emotionally. Visits should be held as soon as possible after placement. The setting for visits should be as comfortable as possible and in most cases will be in the home or the provider's setting. Visits should include time for parents to enhance parenting skills through such activities as bathing, meals, or daily routines. Frequency and length of visits should be assessed on an individual case basis with agreement between the worker, parent, child and provider.

The trauma that the parent experiences when their child is removed from their home may cause hostility. The worker should assess if the parent's state of mind is such that visits with their child may need to be supervised initially. The need for supervised visits should be reassessed and a plan for unsupervised visits developed. Supervised visits should be provided when:

- the child is not safe physically;
- the child's emotional health is at risk such as, the parents are making threats, making promises they cannot keep or accusations about the child or others.

In the situations described above, the worker should consider ways to help the parent have successful visits.

A written visitation plan should be used which identifies the responsibilities of all parties and provides common information for all involved. The parent and provider should be involved in the development of the plan. All parties should sign the plan and have a copy. The Department Case Plan/Court Report includes visits. The Visitation Plan Format (in Forms Section of this Guidebook) may be used as a worksheet with the family and provider. The written visitation plan should include:

- dates, times and places for visits;
- responsibility for transportation for child and family;
- who will be present at visit;
- arrangements for monitoring or supervising visit, if necessary;
- plan for handling emergency situations; and
- arrangements for handling problems with the visit.

The frequency of visits should be increased as the child prepares to return home. See Court and Legal Guidebook for specific responsibilities for court-involved cases.

NOTE: The parent should be responsible for her/his own transportation whenever possible.

#### Other Parent and Child Contacts

The child and parents and siblings will have contacts outside of formal visitation whenever safety can be provided for the child.

Ways parents may maintain involvement in the child's life include but are not limited to:

- discussing the child's daily routine with the foster parent;
- involvement in decision-making and problem-solving;
- · taking the child to medical appointments;
- attending therapy with the child, when appropriate;
- attending school conferences and programs;
- purchasing clothing;
- continuing to provide health insurance coverage; and
- providing child support;
- phone calls and letters.

The parent's preference will be followed regarding cutting the child's hair, piercing any body part or other changes to the child's physical appearance.

#### 2. Arranging for Services

The caseworker will assist in arranging and locating services for the family based on the needs identified with the family. (See Case Management for Child Welfare, Case Management for Juvenile Offenders and Status Offenders and Service Provision Guidebook.)

#### 3. Reunification of Child and Parent

The child should be returned home as soon as it is determined that safety can be provided. The worker will document the risk level and provisions for safety. The child and parent and foster parent or provider should be prepared for the return home. The foster parent or provider may be helpful in this. (The foster parent may have his/her own grief issues and the worker should be sensitive to this.) (See Section XI, Planning for Return Home or Non-Return of Child.)

#### 4. General Issues

While the child is in out-of-home care, the worker will:

• Update the Child Welfare Tracking System to reflect all placement changes and dates;

- Complete the FCPAY Determination Checklist with the foster parent at time of placement, as requested by foster parent and every 6 months. (See Payment for Out-of-Home Situations, Part II in this Guidebook.);
- Request that the county attorney consider child support and the parent's health insurance
  if there is no court order for child support;
- Ask the county attorney to request an order assigning child support to the Department, if there is an order for child support;
- Work with the family and child toward the permanency objective;
- Coordinate services to child and parent;
- Coordinate with provider regarding transportation arrangements for school; therapy, medical and other appointments;
- Provide support to child, parent and provider;
- Document case activities;
- Review the case as required (See Case Management Guidebook);
- Work with the court and attorneys, if applicable (See Court and Legal Guidebook);
- Notify involved persons of major changes in child's and family situation;
- Send letter to school district advising of placement changes.

The worker will gather information about the child's health from the child's parents. Children in out-of-home care will receive a health examination during the first 14 days of placement. In some cases the child may receive medical care or an examination prior to placement. The purpose of the examination will be to determine the physical condition, including growth and development, status of the child at the time of placement and whether the child has any contagious diseases which may affect placement. Information regarding the presence of any contagious or communicable diseases will be shared with the physician and prospective home or facility before placement.

To attain continuity in medical care, if a child has a primary physician when entering care, the Department will attempt to use this provider whenever possible.

Children in out-of-home care will receive ongoing coordinated medical care under the direction and supervision of the worker. The family will be involved and informed as much as possible.

Children in out-of-home care will receive an annual health exam. The care giver will use the HEALTH CHECK program for the child's annual health check.

#### 5. Support to Child, Parent, Provider

The parent, child, provider, and worker will work cooperatively toward the return of the child. The foster parent is a colleague of the worker and a resource and support to the parent.

The worker may provide support to the foster parent or provider through respite care, transportation assistance, a family support provider, a volunteer or mentor for the child, problem-solving, being available, community resources, suggesting a support group or Foster Parent Assistance Program, or visiting nurse to assist with child's medical needs.

The child will need assistance in adjusting to the separation from his/her family. Frequent contacts and visits and involvement of the parent in the child's activities are ways to help the child adjust. The use of a lifebook by the foster family is another way. The lifebook may include photos, the child's art work or thoughts and other items the child wishes to include. The lifebook should go with the child when he/she moves. The foster parent is a good person to make the lifebook with the child.

The worker will work with the family and provide case management as described in the Case Management and Services Provisions Guidebooks.

#### SECTION XIII

### PLANNING FOR RETURN OR NON-RETURN OF CHILDREN PLACED OUTSIDE OF THEIR OWN HOMES

#### 1. Return of Child

The first option for all children should be to return home.

- a. Planning for return should be placed in a time frame based on the developmental needs of the individual child; that is, the younger the child, the more urgent the need for implementation of a permanent plan.
- b. Planning for the return of the child should include:
  - (1) an assessment of the reasons for removal and evaluation of changes in the family's situation that would assure the child a safe and nurturing environment; and
  - (2) an assessment of the child's attachment to all significant parent and sibling figures; and
  - (3) arrangements for ongoing community support programs and systems and the phasing-out of the direct involvement of CPS with the family.

The worker will also discuss with the legal and foster families the extent and nature of continued contact between the child and the foster family, including visits to the foster home, telephone calls and letter writing when all parties agree to it.

At the time of return home, the worker will make arrangements for the transfer to the parent of the child's medical, school, and other records, and clothing and personal belongings.

#### 2. When the Goal Is not Reunification

When the worker has determined that reunification is not the permanency objective, she/he will determine the most appropriate long-term plan for the child. See Worker's Guidebook on Adoption, Legal Guardianship, and Other Permanency Objectives: Long-Term Foster Care, Independent Living and Self-Sufficiency.

#### SECTION XIV

#### **VOLUNTARY PLACEMENT**

Voluntary placement is appropriate to consider when placement of the child outside of his/her home is necessary to:

- 1. Allow the parent(s) or legal guardians(s) time to resolve problems of a temporary incapacity or unavoidable absence from the home (such as hospitalization, treatment, jail time, illness.);
- 2. Protect the child from physical or emotional injury or trauma; or (A Protective Service worker may ask a parent to agree to placement of his/her child when other in-home services will not serve to sufficiently reduce risk or provide for safety of the child involved as an alternative to emergency court action.)
- 3. Allow the parent(s) the opportunity to make and explore the decision to relinquish.

Voluntary placement should be considered as an option once all alternatives (for example, non-custodial parent, community resources) for care of the children have been explored and once inhome services efforts have been explored and placement is not expected to exceed six months. A parent has the right to terminate a voluntary placement at any time. If the parent terminates a voluntary placement, the child must be returned to him/her.

During the placement the worker supports and assists the parents to locate services necessary to support return of the child.

To complete a voluntary placement, the worker will:

- 1. Determine that no alternative to placement exists as a reasonable option that will insure for the protection and well-being of the child.
- Attempt to locate both parents of the child unless the worker determines that contact with the non-custodial parent would be contrary to the child's best interest (for example, there is a history of violence in the family or abuse to the child).
- 3. Determine whether the child is Native American. If the child is a Native American child, Nebraska Statute (43-1506(1)) and the Indian Child Welfare Act require that the voluntary placement agreement be executed in writing and recorded before a judge of a court of competent jurisdiction. The written consent must be accompanied by the presiding judge's certificate that the terms and consequences of the consent were fully understood by the parent or Native American custodian.
  - If the child is a Native American child the worker will arrange with the local judge of the court hearing juvenile matters to preside over the voluntary placement.
- 4. Discuss with the parent(s) his/her financial responsibility and his/her ability to pay all or part of the costs of placement. Determine how and when the parent will provide the payments agreed upon.
- 5. Develop a case plan with the parent(s), including the plan for visitation payment for care, transportation of the child, length of placement and efforts the parent(s) will make to have the child returned home. The child will be involved in the planning as appropriate. The parent(s)' signature will be obtained on the case plan and on the "Voluntary Placement Agreement" Form. If both parents of the child are involved, both parents signatures should be taken, however, only the custodial parent's signature is required.

NOTE: Custody of a child is transferred to the Department through the "Voluntary Placement Agreement" Form. While the agreement is in effect, the Department is responsible for the child's care to the extent provided in the agreement. The legal status of the parent or legal guardian is not affected by this agreement. The parent(s) may rescind the "Voluntary Placement Agreement" at any time and the child must be returned immediately.

- 6. Discuss placement options with the family and determine the appropriate placement for the child. Placement will be made in keeping with the least restrictive, most family-like setting available, closest to the family, consistent with the best interests and special needs of the child which will provide for continuity in the child's family, community and peer relationships. (See Section VII of this Guidebook for details.)
- 7. Prepare the child and family for placement, arranging for the biological family to meet the foster parents or to visit the placement facility and meet the staff who will be caring for the child. Make sure that the foster parents or child caring staff have all information necessary to provide the appropriate level of care to the child. (See Section VII, Select the Placement, of this Guidebook for details.)
- 8. Document relevant case activities in the case record.
- 9. Forward a copy of the Voluntary Placement Agreement, CWI-10 and FCPAY to the IMFC worker.

#### Following placement the worker will:

- 1. Regularly review with the family the progress on the agency designated case plan. (See Section XII, Activities After Placement, this Guidebook.)
- 2. Oversee the care the child receives in placement to ensure the child's needs are being met. (See Section XII, this Guidebook.)
- 3. If at any time a safety determination indicates the need for court intervention, a referral will be made to the county attorney requesting the filing of a petition for court intervention.
- 4. If the child does not return home within six months and the conditions necessitating the placement of the child still exist, a referral will be made to the county attorney requesting a filing of a petition for court intervention.

#### SPECIAL NOTE:

If a parent rescinds the "Voluntary Placement Agreement" and the worker believes that return of the child to the home represents a danger or risk of harm to the child, then the worker will immediately notify the county attorney of the circumstances of the case and request emergency court action for custody of the child.

#### SECTION XV

## COMPLAINTS AND GRIEVANCES BY FOSTER PARENTS

# A. Procedures for Complaints on Policies

When a foster parent makes a written complaint about a policy the following steps will be taken:

- A team will be formed within five working days to address the issue. This team will
  consist of representatives of protection and safety workers and supervisors and a Central
  Office representative knowledgeable about policy;
- 2. The team will review the complaint and the policy and consider statewide implications. Policies of other states may also be reviewed.
- 3. The team will make a recommendation for action to the Director within fifteen working days of the receipt of the complaint (or ten working days of the team formation).
- 4. The Director will review the information and make a final decision within ten working days of the team's recommendation. The decision will be sent to the team who will then notify the foster parents. Written complaints will be responded to in writing. This process should not exceed 30 working days.
- 5. Changes in policy will be made if necessary.

#### B. Procedures for Complaints on Practice

When a foster parent makes a complaint regarding specific practice or a casework decision the following steps will be followed:

- The involved protection and safety worker and supervisor will review the situation and discuss it further with the foster parent within five working days of the complaint. The foster parent may present additional information.
- 2. If the issue is not resolved, the supervisor will form an informal short-term team of representatives of local protection and safety workers and supervisors and a foster parent representative within five working days.
- 3. The team will review the complaint and the practice or casework decision and review how similar situations are handled.
- 4. Within 15 working days, the team will develop a plan to address the issue, as needed. The team may consult with personnel staff in their area if needed.
- 5. Within five working days after the plan is developed, the team will notify the foster parent in writing of the general plan to address the issue if needed or the reasons for no action. A copy of the decision will be sent to the Director and the team.
- 6. If the foster parent is not in agreement with the decision of the team, he/she has the recourse to contact the Director.
- 7. The Director will review the report submitted by the team and review additional information as needed.

- 8. The Director will make the final decision within 15 working days of the receipt of the foster parent's complaint.
- 9. The Director will notify the foster parent, the team and personnel staff of the final decision.

#### C. Procedures for Grievances

The grievable areas are found in Chapter VI, Out-of-Home Placements, Section III.

When a foster parent makes a complaint about procedures or actions taken by the Department related to the placement, care or removal of children from a foster home, the following steps will be taken:

- 1. The foster parent will notify the Department in writing within five working days after the action or inaction cited as the reason for grievance.
- The person in receipt of the grievance will notify the foster parent, worker and supervisor of the receipt of the grievance. A copy of the grievance will be provided to the worker and supervisor.
- 3. Within five working days, the person in receipt of the grievance will form a team to address the issue. The team will consist of workers, supervisors and a foster parent representative.

## 4. The team will:

- a. Request a written response from the worker and supervisor and send a copy of it to the foster parent;
- b. Gather additional information, as needed;
- Meet with the foster parent, worker and supervisor within 15 working days to work toward a resolution. Send a summary of the consensus of the group to all involved within five working days;
- d. If resolution is not reached, decide action to be taken and notify all parties within ten working days of the meeting with the foster parent and involved staff. Send a copy to the Director of the findings and decision. Advise the foster parent of right to present his/her grievance to Director if dissatisfied with the decision of the team.
- 5. If the foster parent decides to pursue the grievance further, he/she will send a copy of his/her grievance and the report of the team to the Director within ten days of receipt of the team's decision.
- 6. The Director will review all information and make a final decision.
- 7. The Director will provide her/his decision in writing to the foster parent, involved staff and the team within ten working days of receipt of the grievance.

## PART II

# PAYMENT FOR CARE IN OUT-OF-HOME SETTINGS

# SECTION I

# Policy

The Department will seek payment through child support or directly from families whose child is in out-of-home care. Child support is determined by the court of jurisdiction. The Department will pay the difference for the cost of care when the rate of care exceeds the amount the parents pay or if the parents do not contribute.

#### SECTION II

## **EMERGENCY SHELTER CARE**

## Policy

A child is eligible for payment for emergency shelter care upon entering emergency custody. This type of placement is an initial placement, not a change of placement for a child already in foster care. A child also can be eligible for a payment for emergency shelter care as an interim placement, but only if the emergency placement is in an agency-based foster home or group setting contracted for this service.

# Use of Emergency Shelter Care in Foster Homes

Payment of emergency shelter care in a foster home which is not agency-based may be made only if HHS is given custody under one of the following:

- --- There is a law enforcement pickup in effect;
- --- There is a properly executed detention order from a court;
- --- There is a properly executed voluntary placement agreement in effect; -The child is a current ward of the Department.

In other situations, such as when a child's placement disrupts and that child must be moved on an emergency basis, the worker has adequate information about the child's needs and behaviors to utilize the FCPay Determination in authorizing payment.

Only foster homes which are licensed by the Department may be used for emergency foster care. In addition, the foster parent(s) must have a signed agreement with the Department to provide emergency foster care. Form DSS-1226 is used for this purpose.

## Maximum Continuous Days

Payment for emergency shelter care in a foster home which is, not agency-based, is made at the rate of \$27.95/day. The status of "emergency" care is limited to 30 days. After 30 days, if the child remains in the foster home, the status no longer is considered "emergency" care, and the rate of payment will be determined by using the FCPay Determination.

#### Payment Source

The parent(s) should pay for the child's emergency shelter care whenever possible, to the extent possible. This requirement of the parent(s) is used as an incentive to ensure continued acceptance of parental responsibility. Department funds are used to make up the difference if the parent(s) cannot pay the full amount. If the child is eligible for Title IV-E, Title IV-E will be used as the source of the portion of the payment made by the Department.

## Clothing in Emergency Care

For information regarding clothing purchase for children in emergency foster care, see SECTION III, Foster Family Care (Non-Contract), E. Clothing for Children in Out-Of-Home Care.

# Use of Emergency Shelter Care in Contracted Agency-Based Foster Care or Group Settings

Emergency shelter care in these settings will be provided using the criteria and provisions as stated in the contract. In general, these settings may be used for initial placements or when a child must leave one placement and another more permanent setting has not yet been located.

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#### SECTION III

# FOSTER FAMILY CARE (NON-CONTRACT)

#### **POLICY**

Payment for the care of a child in a foster family home is based on the child's needs and behaviors. This includes payment for room and board, supervision, child care, transportation, respite and personal needs.

In a voluntary placement, the parent will agree to assume financial responsibility for the cost of placement to the fullest extent possible. The Department will cover what the parents do not pay.

In cases where the court has made the child a ward of HHS or HHS-OJS, the Department will request the county attorney to pursue a child support order.

## FOSTER CARE PAYMENT DETERMINATION

The Foster Care Payment Determination will be used to determine payment for wards in foster homes which do not have a contract with the Department and to determine the maintenance payment for wards who are in treatment foster care.

The following material defines or describes the various types of payments that can be made for a child in foster family care, how the amount is determined, and to whom the payment is made.

## A. MAINTENANCE

The maintenance payment for a child in foster family care is:

- 1. Based on the age and special needs of the child.
- 2. Intended to provide foster parents with funds to meet the child's needs (it is not intended to reimburse dollar-for-dollar what the foster parent spends or to make up a salary).
- 3. Standardized, so that the payment for all children in foster family care of the same age with similar needs will be the same amount.
- 4. Made to the foster parent.

The maintenance payment covers the usual costs of maintaining a child, including but not limited to:

- Board and room;
- Personal needs, including recreation and extracurricular activities;
- School needs, including such things as school supplies, school trips, and graduation expenses;
- Transportation up to 100 miles or \$21 in a month;
- Clothing:
- Allowance.

In addition, the payment recognizes that foster parents provide care and supervision of the child, which might include such functions as teaching independent living skills, assisting with homework, modeling appropriate parenting for the child's legal parent, or supervising phone calls with a parent.

Additional expenses to meet the child's needs may be added to the monthly maintenance amount for a total payment. These additions may be for child care, respite care and transportation over 100 miles or \$21 per month.

Descriptions of these payments follow.

#### DETERMINING THE AMOUNT OF MAINTENANCE PAYMENT

The maintenance payment for a child in foster family care is determined by the age of the child and the child's needs. The child's needs are recorded on the Foster Care Payment (FCPAY) Determination Checklist. The checklist is done by the foster parent and case manager (or refer to Use of Checklist) by redoing the checklist when the child's needs change. Each item on the FCPAY Checklist has a point value, ranging from 1-5. The total point value from the Checklist, in conjunction with the child's age, determines the amount of the payment.

The amount of maintenance payment can change while a child is in the same foster home. When a Checklist is redone, the results will determine the new payment amount, which might be higher or lower than the previous payment.

## USE OF THE CHECKLIST

The checklist is completed:

- a. When a child is placed in a foster home;
- b. Every year when a child remains in the same foster home, preferably in conjunction with the development and review of the case plan;
- c. When the child's needs or behaviors have changed significantly or new information is known about the child's needs or behaviors. For example, little might be known about a child who enters custody. As the worker and foster parent learn more about the child, it might be necessary to redo the checklist;
- d. At the foster parent's request. The foster parent may request a review at any time. If the worker thinks no review is warranted, he/she will discuss the request with the supervisor and either complete the Checklist or notify the foster parent why a decision was made not to review the Checklist. If the foster parent disagrees with the decision, the foster parent may complete the grievance procedures.

The Checklist is to be completed by the case manager or another staff person knowledgeable about the child in cooperation with the foster parent. Involvement of the foster parent is important. This discussion assures that the case manager and the foster parent are sharing information each has about the child's needs and behaviors, and how the foster parent is dealing with them.

The following payment scale will be used for foster care maintenance payments. (Please note that for each age range, there is a minimum payment amount and a maximum payment amount. THERE WILL BE NO EXCEPTIONS TO THESE STANDARDIZED AMOUNTS. PAYMENT HIGHER THAN THE MAXIMUM FOR A CHILD'S AGE CANNOT BE AUTHORIZED BY HHS STAFF.)

Points	0-27
AGE 0-5	\$222
6-11	\$292
12+	\$352

Points	28-34	35-41
AGE 0-5	\$272	\$322
6-11	\$342	\$392
12+	\$402	\$452

Points	42-46	47-51	52-56	57-61
AGE 0-5	\$372	\$422	\$472	\$522
6-11	\$442	\$492	\$542	\$592
12+	\$502	\$552	\$602	\$652

Points	62-66	67-71	72-75	76-79
AGE 0-5	\$572	\$622	\$672	\$732
6-11	\$642	\$692	\$742	\$802
12+	\$702	\$752	\$802	\$862

Points	80-83	84-86	87-88	89 or more
AGE 0-5	\$802	\$882	\$972	\$1,070
6-11	\$872	\$952	\$1,042	\$1,140
12+	\$932	\$1,012	\$1,102	\$1,200

NOTE: For children who were in foster family care prior to February 1, 1998, and remain in the same foster home, see also "GRANDFATHERING OF PAYMENTS."

#### GRIEVANCE PROCEDURE FOR CHECKLIST

The grievance procedures for foster parents when they disagree with the decision to complete the checklist or the accuracy of the checklist are as follows:

- 1. Discuss concerns and comments with the worker;
- 2. If resolution does not occur, the foster parents may contact the worker's supervisor; and
- 3. If the issue is not resolved, the foster parents may contact the service area designee who will make the decision.

The case manager will inform the foster parents of their right to grieve.

#### GRANDFATHERING OF PAYMENTS

The original Foster Care Payment Determination was implemented in 1991.

Revisions to the checklist and payment scale have been made, effective February 1, 1998. In some cases, the payment amount under the revised system will be less than the amount approved under the original system. When that situation occurs, the previously approved maintenance amount will be continued, AS LONG AS THE CHILD REMAINS IN THE SAME FOSTER HOME. (The "rule of thumb" is to use the "old" amount or the "new" amount, whichever is higher.) NOTE: maintenance and respite amounts are to be figured separately when grandfathering payments. It is possible that the maintenance amount will be grandfathered, because the new amount would be lower than what was paid previously, while the respite amount will go up, based on the new amounts.

There is one exception to grandfathering of the previous payment amount. If the approval for a payment amount was time-limited, that time-limit is to be honored. Upon expiration of the approval, the payment amount will be determined using the 1998 checklist and payment scale, even if this new amount is less than what previously was paid to that foster parent.

#### RETROACTIVE PAYMENTS

The revised checklist and payment scale were implemented February 1, 1998. Workers are expected to have the revised checklist completed prior to July 31, 1998.

The potential time-lag between February 1, 1998, and completion of the revised checklist will negatively impact foster parents whose payment should have increased. When that is the case, foster parents are to receive a retroactive payment for the difference. If the revised checklist has not been done and a foster child moves from a foster home after February 1, 1998, the worker is expected to complete the revised checklist at the time the child moves so that a determination can be made about whether the payment should have been higher and whether a retroactive payment is needed.

## AGE CHANGE

Payments are increased on the first day of the month of the child's birthday when a child moves from one age level to another, unless the child has a "grandfathered" payment.

On the automated system, Child Welfare Information System (CWIS), the system automatically calculates the payment rate at the same level of need when a child moves to a new age group. In order for this recalculation to occur, the Program Case must be opened.

#### B. RESPITE CARE

Respite care is defined as "temporary care for a child to allow the foster parent temporary relief for as short a time as a few hours to as long as a week." Foster parents are encouraged to use respite care as a means of enhancing their ability to care for children in their care. It is paid so that foster parents can have time away from the child and a break from dealing with his or her needs. Respite care may be provided in the foster home or away from the foster home, such as in the provider's home.

Respite care payment is available only if the foster parent uses respite care. The need for and use of respite care should be documented in the case file. In his/her regular contacts with the foster parent, the worker should discuss whether respite is being used as documented in the case file and as paid. If documentation exists that the foster family received respite money and did not use it for respite care, the respite payment will be stopped. If the amount overpaid is more than one month's respite or more than \$50, whichever is greater, repayment will be pursed.

Payment for respite care can be made to the foster parent or directly to the provider. This choice is up to the foster parent. If payment is to be made to the provider, the provider will bill the agency on a monthly basis.

The maximum respite payment is connected to a child's level of need, which is determined by the Foster Care Payment Determination Checklist. The worker may authorize up to that maximum but no more than the family is paying. When the checklist is redone and level of need changes, the respite payment will be redetermined, using the new level of need.

If the respite care purchased by the foster parent exceeds the maximum rate, the foster parent is responsible for the difference. The foster parent can choose to use more respite care some months and less in others, in which case payment will be based on the average monthly use.

## Maximum Respite Payment

Level of Special Need (Points on Checklist)	Amount
0 - 27	\$40/month
28 - 41	100/month
42 +	160/month

The Department may assist a foster parent in finding a respite care provider, by providing names of potential providers. When the Department is recommending a provider or giving the foster parent a list, the Department will assure that a law enforcement check and Child Abuse Central Registry checks have been done.

NOTE: FOR CHILDREN WHO WERE IN FOSTER FAMILY CARE BEFORE FEBRUARY 1, 1998, AND REMAIN IN THE SAME FOSTER HOME, SEE "GRANDFATHERING OF PAYMENTS" TO DETERMINE PAYMENT AMOUNT.

#### C. CHILD CARE

Child care may be approved under the following guidelines:

1. The provider must be licensed or approved by the Department to provide child care;

- 2. Ordinarily, child care is available until a child turns 12; however, for children with special needs, wards, or children involved with protective services, child care is available until the child turns 19.
- 3. When the purpose for child care is that the foster parent works or attends school, child care may be authorized for those hours when the foster parent(s) works or attends school. In two parent foster families, both foster parents must work outside the home or attend school during the hours for which child care is provided. Child care may be authorized during the working hours or school hours (to include reasonable travel time) of the foster parent(s). Child care cannot be paid to foster parents who provide child care services in their home, for care in their home. If the foster parent chooses to send the child to another provider during work hours, that payment is allowed.
- 4. Child care may be approved for brief periods of time, consisting of a few hours, to provide supervision for a ward when the foster parent must be absent in order to meet the needs of another ward in his/her care (for example, taking a child to therapy) and:
  - a. The other foster parent is employed and at work at that time; and
  - b. The child needing supervision cannot accompany the foster parent.
- 5. Child care may be approved for preschoolers for the purpose of improving socialization skills, with a written recommendation from a physician that this socialization is needed by the child.
- The payment source for child care for foster children is either Title IV-E or the Child Care Subsidy Program. For that reason, requirements of the Child Care Subsidy Program, found in 474 NAC 7-000, must be followed, with the following exceptions, which apply TO FOSTER CHILDREN ONLY.
  - a. Rate as payment in full: The Department establishes the maximum hourly and daily rates based on a survey of child care providers. The rates are dependent on the child care setting, age of the child, and area of the state. Child care policies do not allow the Department to contract with a provider who will not accept that rate as payment in full.

For foster children, the Department will continue to pay its established rate. However, if the foster parent chooses to make arrangements with a provider to make an additional payment, that provider will not be denied a contract. For example, if a provider normally charges \$4 an hour for an infant and the Department's maximum rate is \$3 an hour, the provider can bill the Department \$3 an hour, and the foster parent can pay the additional \$1 an hour out-of-pocket.

This arrangement might be chosen by a foster parent for a number of reasons, such as wanting to use a provider who already does child care for his or her own children.

- b. Payment for days not in attendance: Child Care Subsidy policy allows payment only for days the child attends rather than by enrollment. For foster children, payment can be made based on enrollment.
- c. Payment out-of-state: Child Care Subsidy requires that all providers, including those out-of-state, be contracted with HHS and accept Nebraska rates. Child Welfare guidelines require that all child care payments be made directly to the provider.

Whenever possible, this policy should be followed for foster care families as well. For instance, we regularly work with providers in neighboring states. However, those requirements need not be followed when it becomes too difficult and complicated because of the distance, different state requirements, etc. In those instances, the following requirements apply:

- The provider must be licensed or approved for child care by the resident state, or, at a minimum, there must be a Central Registry and local law enforcement check done prior to the foster parent using the provider. The case manager still maintains responsibility for having reasonable assurance that safety is maintained for the child.
- 2) The payment can be made directly to the foster parent, to be included in the foster care payment.
- 3) The case manager can approve the rate, which can be above Nebraska rate if necessary. The case manager should request the foster parent to provide information about rates in the area and determine what is reasonable to pay. Because the payment will be made to the foster parent, the case manager will have to assume that the amount is changed when hours of care change, for example, when a child enters school.
- d. Purpose of child care: Child care subsidy does not allow payment for socialization of the child or because another child must be taken to an appointment. These purposes can be allowed for payment for children care for foster children. For further explanation, see #4 and #5, above.

Please be reminded that all other child care subsidy policies must be applied in foster care cases. Special attention should be given to the following:

- In-home child care: Federal law requires that in-home child care providers receive minimum wage. For that reason, payment for in-home care is restricted to limited situations. These include -
  - a. When the child has a special need or a childhood illness;
  - b. When the parent needs child care during evening, overnight, weekend, or holiday hours; or
  - When there are three or more children in care.

For more information on this policy, see 474 NAC 7-006.01A.

- b. Provider residing with child: Child care payment can be made to a provider living in the same household only if the child qualifies under the special needs criteria found at 474 NAC 7-006.01, or if the child has a short-term childhood illness such as measles or chicken pox.
- c. Special Needs Payment: If a child meets the definition of a special needs child found at 474 NAC 7-006.01, we can pay a higher rate for child care. The rate for Home and Community Based Medicaid Waiver for Aged Persons and Adults and Children with Disabilities may be used as a guideline. A special need must be documented by a physician or licensed or certified psychologist.

7. Agency-based foster care: In Agency Based Foster Care, as of July 1, 1998, the payments for child care are to be made directly to the child care provider. Previously these payments were made to the agency supporting the foster homes.

The case file should include documentation that the child care guidelines in 474 NAC 7-000 are met. The documentation should state, at a minimum, that the payment is for care while the foster parent(s) works or is in school, or explain the need related to number 4 or 5; that the rate is within the contracted or maximum Department rate, or how the special needs requirement is met, and that the number of hours needed has been confirmed by the worker.

Payments for child care will be made directly to the provider based on the provider's monthly billing.

#### D. TRANSPORTATION FOR THE CHILD

The foster parents may provide transportation themselves or purchase transportation from a provider.

1. Foster Parent Transportation: One hundred miles of transportation or \$21 is included in the monthly rate.

The foster parents may receive \$11.00 per month for increments of 50 miles over the initial 100 miles. The estimate is rounded to the next highest 50 miles. The estimate of miles should be in the plan for transportation in the case file. The transportation will meet the following guidelines:

- The foster parents would not be doing the driving if the child were not there, that is they would not be taking their birth child to the same location or driving for their family's own purposes;
- b. If more than one foster child is being transported, the transportation payment is divided evenly between the children; and
- c. The transportation need is documented in the case file.

The worker should discuss the transportation expectations with the foster parents and determine the number of approximate miles the foster parents travel for each child in their home.

## 2. Purchased Transportation

a. Purchased by Foster Parent

Foster parents may be reimbursed if they pay transportation providers more than \$21.00 a month. The foster parents may be reimbursed when a transportation need dictates the use of public or specialized transportation such as a taxi, bus, or a handicapped accessible van, or bus. The following should be documented in the case file: the child's disability, the fact that the foster family's vehicle will not accommodate the child's disability or that both foster parents are unable to provide transportation and cannot find someone to do it. Reimbursement must be at actual costs with receipts or verification through the transportation plan prepared with the case manager and be consistent with the child's needs and services in the case plan.

If the child's unique transportation needs exceed 100 miles or \$21.00 on a monthly basis, the amount within the guidelines may be added to the monthly payment. The child's unique transportation needs should be clearly documented in the case file. This includes an estimate of miles and frequency of trips needed in order to provide the services for the child in the case plan. If it causes a hardship for the foster family to make payment above \$21.00 a month for a taxi, van or bus, the worker may issue an advance payment. In this situation, the worker might want to suggest using agency-purchased transportation.

# b. Purchased by Agency

The worker may approve purchased transportation or escort services for the foster child for:

- visits with or return to parents;
- visits with relatives including siblings if maintaining the relationship is important to the child's well-being and is included in the child's case plan;
- placement of child;
- therapy or special medical care;
- return of child from runaway;
- ongoing preplacement visits with parents, foster parents, relatives or preadoptive family; or
- school, unless the school system is responsible for providing transportation.

This transportation includes public transportation such as taxis, bus, train or plane or private providers. The worker should use the least expensive form of transportation that is appropriate for the child and is in keeping with Nebraska Public Service Commission rules. (The Nebraska Public Service Commission regulates public transportation.)

The funds in the child's guardianship account and other potential funding sources such as relatives or community organizations should be used before payment is authorized. For Public Services Commission Certification requirements see Forms Section in this Guidebook. If a child requires an escort to the service see (reference being developed).

If a private provider is used, payment may be authorized at a maximum for:

- \$.20 per mile; and
- one unit (hour) of travel per one-way trip.

When approving payment for visits with parents or relatives or a pre-adoptive family, their ability to assist with or pay for the transportation should be considered.

#### E. CLOTHING FOR CHILDREN IN OUT-OF-HOME CARE

Standard Clothing Inventory For Children In Out-of-Home Care:

It is the responsibility of the foster parent or group home setting to provide the standard clothing inventory for children while they are in their program and when they leave their program. Clothing is expected to be adequate, appropriate, in reasonable shape and to fit the child. Parents of children in out of home care will also be encouraged to provide the child's clothing and to contribute to the clothing for their child. Children placed directly in foster

homes or group homes after initial removal from their home will have the standard clothing allowance. The provider will maintain an inventory of the child's clothing.

The standard clothing allowance consists of:

7 pairs of socks 5 shirts

7 sets of underwear, 3 bras (girls) 1 seasonal coat 5 pairs of pants 2 pairs of shoes

# 1. Initial Clothing Purchases

If a child entering out-of-home care doesn't have the standard clothing allowance and the parent has not provided the child's clothing, an initial clothing purchase may be made. A maximum of \$200.00 may be used to purchase clothing over a maximum of six months after the child comes into care from home to provide the standard clothing inventory. This authorization is based on the individual needs of the child who is entering a foster home or group home and is <u>NOT</u> automatically authorized for all children who are wards. If a child is placed in an emergency shelter without adequate clothing, the case manager will assess the situation and authorize the purchase of clothing needed to provide for the child for a short period of time. A ward is eligible for the initial clothing allowance, based on his/her needs, each time he/she is placed out of his/her family home. The case manager may authorize an initial clothing expenditure within these guidelines.

# 2. Special Clothing Allowance

The child in foster care or group home care may receive a special clothing allowance up to \$200. This may be authorized for clothing required because of:

- a. The child's sudden weight loss or gain not associated with normal growth;
- b. The child's loss of clothing due to being AWOL. The care provider and worker will assess the child's needs upon his/her return.
- c. The child's placement in a facility where clothing replacement is not in the contract or where it is not part of the expected care. This includes hospitals, residential treatment centers and treatment group homes.
- d. The child's move from one foster home, group home or medical setting if documented why the previous care giver did not purchase or send clothing. Documentation should include that appropriate action was taken by Resource Development or other staff regarding the care giver's failure to purchase or send clothing. (NOTE: The foster care maintenance payment is expected to include clothing replacement. Per contract, group homes are expected to provide replacement clothing.)
- e. The child's clothing was destroyed in a disaster such as a fire or flood or by vandalism, or was stolen while the child was in a facility.

This special clothing allowance may be authorized once in 12 months and only if the case manager documents that one of these situations exists. It can be authorized even if an initial clothing purchase already was provided within the same 12 months. If a child has a guardianship account with the Department, those funds should be used instead of authorizing the purchase from Department funds.

NOTE: THERE IS NO POLICY ALLOWING FOR AUTHORIZATION OF CLOTHING PURCHASES DUE TO SEASONAL CHANGES OR BECAUSE A SCHOOL YEAR IS STARTING.

## F. PERSONAL NEEDS ALLOWANCE

The worker may authorize personal needs allowances for the ward on an as needed basis in the following settings: hospital, residential treatment center, or treatment group home. No specific amount is established. Therefore, the worker must consider the needs of the individual child in determining the amount to be authorized.

The maximum personal needs payment for wards in a Center for the Developmentally Disabled is the amount used for the Aged, Blind, and Disabled Program. The amount to be authorized is the lesser of the AABD-established amount or the amount the program bills for the particular child.

Personal needs cannot be authorized for a child in treatment foster care, agency-based foster care, or non-contract foster care, or in any other setting in which the contracted rate is inclusive of personal needs. If the worker is unsure about whether personal needs is included in the contracted rate, s/he is expected to find out from the contract liaison or other appropriate person in her/his Service Area prior to authorizing personal needs.

Personal needs include but are not limited to: recreation, snacks, hair care items, hair cuts, and clothing. The Medicaid or Mental Health Managed Care rate for hospitals, residential treatment centers, and treatment group homes includes basic health items such as toothpaste, soap, deodorant, female hygiene items, and shampoo. Therefore, basic health items are to be supplied to the ward by those facilities, and the worker cannot authorize additional payment for them.

## G. OTHER NEEDS

#### Driver's Education Classes

The worker may approve costs of Driver's Education classes if:

- a. The school does not provide Driver's Education free of charge for other students and the fee is the same as for other students;
- b. The legal parents have been asked and cannot pay or only paid part of the cost:
- c. There is insufficient money in the ward's guardianship account (Staff in Finance and Accounting have information about guardianship accounts):
- d. The ward is willing and able to attend and participate in every class session; and
- e. Preparation for Adult Living Services money is not available.

This payment of these classes is only allowed one time. Independent living grant funds can be used for these classes.

## 2. Furniture

Furniture such as beds, dressers, tables or chairs may be paid for under the following guidelines:

- a. Furniture is needed in order for a provider to accept the placement, such as a sibling group being placed together; or
- b. Adolescents moving into an independent living arrangement need furniture. This is intended to allow the youth minimum adequate furniture necessary to set up a household.

The worker provider or adolescent should explore donations, garage sales or thrift stores. Payment for furniture will be based on the lowest of estimates for similar products from two stores. The furniture should go with the ward if the ward moves. In some cases this will not be possible so the furniture could remain with the provider for future placements, been given to another provider or be sold with the money returning to the State designated for the care of that child. In some areas, pots, pans and other household goods are available through the Preparation for Adult Living Program.

#### Summer School

For students not eligible for state ward education funds, the worker may approve the amount billed by the school within the following guidelines:

- a. The school does not offer summer school free to others:
- b. The child's need to attend is documented by the school;
- c. The low income family rate will be paid, if the school has one;
- d. The child attended the summer school sessions as billed; and
- e. Preparation for Adult Living Services money is not available.

#### 4. Additional Assistance

If additional assistance is needed with any expenses for the child, the worker should explore resources such as the biological parents, the child's guardianship account, or the Friends of Foster Care Foundation, (formerly Jaycees, Women of Today and Friends of Foster Children Foundation) at P.O. Box 95132, Lincoln, NE 68509. For example, the legal parents might be able to pay for extra clothing, to transport the child to visits or appointments, or help with expenses for graduation or other special events.

#### H. PAYMENTS FOR FOSTER PARENT

## 1. Child in the Home

A foster parent may be asked to accompany a child for a preplacement visit, a medical appointment, or a similar activity, as an escort or because the foster parent's participation is necessary. For example, it might be important that the foster parent be present to learn how to provide care for a child, or to provide comfort for the child. In those cases, the worker may authorize payment for expenses, when at least one overnight stay is required. Generally, expenses will be paid for only one foster parent. If the case manager determines that both foster parents are required, that fact and why must be in the case plan.

Expenses that can be paid:

- a. Lodging for one foster parent and child, if the child stays with the foster parent at night;
- b. Meals for one foster parent. (Generally, the foster parent would be expected to pay for the child's meals as part of maintenance for the child.) Rates allowed are the same as those for Department staff.
- c. Transportation. (If the foster parent is driving, see "D. TRANSPORTATION FOR THE CHILD.")
- d. Child care for the foster parent's children, using the guidelines in "C. CHILD CARE."

Except for child care, which must be paid to the provider, payment may be paid directly to the provider or to the foster parent.

# 2. Child Not in the Home

A foster parent may be asked to remain involved with a child for whom the foster parent no longer receives payment or as preplacement preparation. In those instances, the foster parent may be reimbursed for expenses incurred. The need for involvement, type of involvement, and specifics of what will be paid must be documented in the case plan.

Expenses that can be paid:

- a. Lodging for one foster parent and child, if the child is staying with the foster parent;
- b. Meals for one foster parent and the foster child. Rates allowed are the same as those for Department staff;
- c. Transportation. (If the foster parent is driving, see "D. TRANSPORTATION FOR THE CHILD.")

Payment may be made to the foster parent or directly to the provider.

#### **SECTION IV**

## CONTRACT FOSTER FAMILY CARE OR GROUP HOME CARE

The Department has contracts for out-of-home care for wards for foster family care (agency-based foster care), child caring agencies and group home care. Agency-based foster care is contracted through another agency. Group homes and child caring agencies used by the Department have a contracted rate.

The Department will pay per contract for those providers who have contracts. When a placement is made in a program without a contract, the Department will pay the minimum maintenance payment for that age child, per FCpay amounts. Respite care, child care, transportation and other expenses will not be added on to this rate. See Section III, parts E and F of this Guidebook for clothing and personal needs allowance.

The Medicaid regulations will apply to services in the Medicaid fee for service and Managed Care system.

#### SECTION V

## CHILD PLACED IN HOME OF RELATIVE WHO IS NOT A PARENT OF THE CHILD

Relatives providing foster care are to be given the choice of using the Foster Care Payment Determination process, or applying for ADC relative payee, or adding the child to the relative's ADC unit. When explaining this choice to relatives, the worker should help them consider what is most beneficial for the child and for themselves. Factors to consider include:

- 1. Amount of maintenance payment: ADC relative payee will provide a payment equal to what the payment would be for ADC. If the child in care has special needs, or if the relative has more than one child in care, it is likely that the payment would be larger using the Payment Determination.
- 2. Medical coverage: If the relative lives in another state or is planning to move to another state, medical coverage is an issue. A ward who resides in another state will continue to be covered by NE Medicaid unless she or he is IVE eligible. That will mean having to locate providers in the resident state who are willing to become NE Medicaid providers or to accept NE Medicaid rates. (When the child is IVE eligible, this same issue doesn't exist, because the resident state must provide coverage under its Medicaid program.) It is possible to overcome this potential problem when the relative chooses to apply for ADC relative payee in the resident state if the resident state has the ADC relative payee program, as that program automatically covers the child for the resident state's Medicaid.

Note: When a child resides with a relative other than a parent, and that relative has legal custody of a child, the child's placement with that relative most likely will not be "out-of-home" placement. Rather, it probably will be a "return" to parent or legal custodian. If such is the case, the relative is entitled to the services that would be given to a parent but not eligible for a foster care payment, or for a subsidized adoption or subsidized guardianship. The relative might be eligible for ADC relative payee status.

#### SECTION VI

## INSURANCE COVERAGE FOR FOSTER PARENTS

Nebraska statute mandates the Department to provide insurance coverage for liability and damage for foster parents. Any foster home or adoptive home licensed or approved by the Department or Indian Tribal Councils within Nebraska is covered by the insurance for the period of time that an HHS or HHS-OJS ward is placed in the home. This coverage also exists for any foster or adoptive home licensed or approved by the Department or Indian Tribal Councils within Nebraska for the period of time that a child covered under a IVE contract is placed in the home. The foster parent(s) in the home are considered as "the insured". The Department covers the cost of the insurance premium for each foster home.

When a foster parent requests reimbursement for damages to property incurred by a ward:

## The worker will:

- Provide the foster parent with a copy of the insurance claim form.
- Participate by providing information to the claims adjustor when requested.

#### SECTION VII

## MINOR PARENT

If a ward who is receiving a foster care payment has a child (including an unborn) who is living with the ward in a foster home, group home or child caring institution, the child is not eligible for ADC but may receive a foster care payment. It is the ward's responsibility to pay the foster home, group home, or child caring institution for the care of her/his child.

If the ward loses her/his eligibility for a foster care grant or the ward and her/his child are separated, the child is no longer eligible for a foster care payment. The case manager should refer the ward to the IM worker to determine if the child is eligible for another program, such as, ADC, Ribicoff, SAM, MAC, Food Stamps, or Kids Connection.

This provision does not apply to wards who are living independently. If a ward is living independently with her/his child, the worker should refer the case to the IM worker for determination of the child's eligibility for ADC, Ribicoff, MAC, or Food Stamps.

#### SECTION VIII

## NON-DEPARTMENT WARDS

A ward may receive Title IV-E foster care payments if his/her custody is committed to a court or Indian tribe in Nebraska that has a written agreement with HHS ensuring that Title IV-E requirements are met. The representative of the court or tribe completes the Foster Care Payment Determination using the same guidelines as HHS case managers. The court or tribe sends one copy of the checklist to the IM worker. The IM worker determines IV-E eligibility after receipt of required forms and information, including court orders. The IM worker is responsible for redeterminations of eligibility. If the court or tribe fails to supply the documentation required to determine original or ongoing eligibility, appropriate action will be taken to obtain the information, stop payment, and, ultimately, to close the IVE case.

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